



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
United States Patent and Trademark Office
Address: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450
www.uspto.gov

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/783,792	02/20/2004	Geoffrey N. Holland	7135USO6	7179
41155 7590 06/30/2008 BRIAN R. WOODWORTH 275 N. FIELD DRIVE DEPT. NLEG BLDG H-1 LAKE FOREST, IL 60045-2579				
EXAMINER				
KINES, ROBERT D				
ART UNIT		PAPER NUMBER		
3626				
MAIL DATE		DELIVERY MODE		
06/30/2008		PAPER		

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Office Action Summary

Application No.

10/783,792

Applicant(s)

HOLLAND ET AL.

Examiner

R. DAVID RINES

Art Unit

3626

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --
Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

- 1) ☒ Responsive to communication(s) filed on 20 February 2004.
- 2a) ☐ This action is **FINAL**. 2b) ☒ This action is non-final.
- 3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

- 4) ☒ Claim(s) 1-12 is/are pending in the application.
- 4a) Of the above claim(s) _____ is/are withdrawn from consideration.
- 5) ☐ Claim(s) _____ is/are allowed.
- 6) ☒ Claim(s) 1-12 is/are rejected.
- 7) ☐ Claim(s) _____ is/are objected to.
- 8) ☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

- 9) ☐ The specification is objected to by the Examiner.
- 10) ☐ The drawing(s) filed on _____ is/are: a) ☐ accepted or b) ☐ objected to by the Examiner.
Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).
Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).
- 11) ☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

- 12) ☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
- a) ☐ All b) ☐ Some * c) ☐ None of:
1. ☐ Certified copies of the priority documents have been received.
 2. ☐ Certified copies of the priority documents have been received in Application No. _____.
 3. ☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

- 1) ☒ Notice of References Cited (PTO-892)
- 2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-946)
- 3) ☒ Information Disclosure Statement(s) (PTO/SF/ICE)
Paper No(s)/Mail Date 8/16/08
- 4) ☐ Interview Summary (PTO-413)
Paper No(s)/Mail Date _____
- 5) ☐ Notice of Informal Patent Application
- 6) ☐ Other: _____

DETAILED ACTION

Notice to Applicant

[1] This communication is in response to the patent application filed 20 February 2004. It is noted that this application benefits from Provisional Patent Application Serial Nos. 60/509404 and 60/527,583 filed 7 October 2003 and 5 December 2003, respectively. The Information Disclosure Statement filed 16 August 2005 has been entered and considered. Claims 1-12 are pending.

Claim Rejections - 35 USC § 103

The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

[2] Claims 1-12 rejected under 35 U.S.C. 103(a) as being unpatentable over Butterfield et al. (United States Patent Application Publication #2004/0193453) in view of DeLaHuerga (United States Patent Application Publication #2002/0038392).

As per claim 1, Butterfield et al. disclose a method for auto-associating a medical device with a patient, comprising: equipping a patient with a patient transmitter/receiver chip having a patient ID number, capable of short-range transmission (Butterfield et al.; paragraphs [0044] [0061]

Art Unit: 3626

[0064] *see patient transmitter/RFID); supplying a medical device equipped with a device transmitter/receiver chip, capable of short-range transmission (Butterfield et al.; paragraphs [0015] [0044][0066][0067] *see RFID equipped IV bag); placing the medical device and the patient in proximity (Butterfield et al.; paragraphs [0047] [0048] [0069]); transmitting a request for patient ID to the patient transmitter/receiver chip from the device transmitter/receiver chip (Butterfield et al.; paragraphs [0037] [0046] [0069] *see interrogation of patient device); transmitting the patient ID number to the device transmitter/receiver chip from the patient transmitter/receiver chip (Butterfield et al.; paragraph [0069]); and sending the patient ID number to a medication management unit from the medical device (Butterfield; paragraph [0069] *see transmission and matching of patient ID from bag to pump).

Butterfield et al. disclose passive linking between each of the transponder equipped devices and accordingly fail to explicitly recite commands to initiate the connection and transfer of data.

However, it is well known in the art to utilize manual commands to initiate data transfers and wireless connections (DeLaHueraga; paragraphs [0210]-[0213]).

It would have been obvious to one of ordinary skill in the art to have incorporated well known features of patient associated medical device controls, such as command driven functions as presented by DeLaHueraga in to the configuration disclosed by Butterfield et al. with the motivation of providing an accurate simple IV linking and de-linking protocol and simpler interfacing for monitoring and system settings (DeLaHueraga; paragraph [0029]).

As per claim 2, Butterfield et al. disclose a method further comprising the step of: associating the medical device only to the patient based on the patient ID number sent to the medication management unit (Butterfield et al.; paragraphs [0052] [0055]).

As per claim 3, DeLaHuerga discloses dissociating the medical device from the patient based on a command from a user (DeLaHuerga; paragraph [0166]).

As per claim 4, Butterfield et al disclose a method further comprising the step of: matching the patient ID number with a medication order prescribed for a patient at the medication management unit (Butterfield et al.; paragraphs [0053] [0055] [0069]).

As per claim 5, Butterfield et al. disclose a method wherein the medical device is a first medical device and the device transmitter/receiver chip is a first device transmitter/receiver chip (Butterfield et al.; paragraph [0069] *see fluid container transponder), and further comprising the steps of: placing a second medical device in proximity to the patient (Butterfield et al.; paragraph [0069] *see pump transponder); supplying the first device transmitter/receiver chip with a first device ID number, and the second device transmitter/receiver chip with a second device ID number (Butterfield et al.; paragraph [0069]); transmitting a request for device ID command to the second device transmitter/receiver chip from the first device transmitter/receiver chip; transmitting the second device ID number to the first device transmitter/receiver chip from the second device transmitter/receiver chip (Butterfield et al.; paragraph [0068][0069]); and placing

Art Unit: 3626

the second device ID number in a memory of the first medical device (Butterfield et al.; paragraphs [0068] [0069] *see bag transponder programs pump parameters).

As per claim 6, DeLaHuerga disclose a method further comprising the step of: sending the patient ID number from the first medical device to the second medical device (Butterfield et al.; paragraphs [0068] [0069]).

As per claim 7, DeLaHuerga disclose a method further comprising locking the medical devices to a specific patient ID number and not associating the medical devices with another patient ID (DeLaHuerga et al.; paragraph [0166] *note: DeLaHuerga associates the pump exclusively with only one patient).

As per claim 8, DeLaHuerga disclose a method further comprising locking the patient ID with a specific medical device and not associating the patient ID with other medical devices (DeLaHuerga et al.; paragraph [0166] *note: DeLaHuerga associates the pump exclusively with only one patient).

As per claim 9, DeLaHuerga disclose a method further comprising the step of: associating the medical devices only to the patient based on the patient ID number sent to the medication management unit (DeLaHuerga et al.; paragraph [0166] *note: DeLaHuerga associates the pump and IV bags exclusively with only one patient).

Art Unit: 3626

As per claim 10, DeLaHuerca disclose a method further comprising the step of: dissociating the medical devices from the patient based on a command from a user (DeLaHuerca; paragraph [0166]).

As per claim 11, Butterfield et al. disclose a method further comprising the step of: matching the patient ID number with a medication order prescribed for a patient at the medication management unit (Butterfield et al.; paragraph [0069]).

Regarding claims 2-11, the obviousness and motivation to combine as discussed with regard to claim 1 above are applicable to claims 2-11 and are herein incorporated by reference.

As per claim 12, Butterfield et al. disclose a medication management system for auto-associating a medical device with a patient, comprising: a patient transmitter/receiver chip having a patient ID number, capable of short-range transmission and adapted to be secured to a patient (Butterfield et al.; paragraphs [0044] [0061] [0064] *see patient transmitter/RFID); a medical device having a device transmitter/receiver chip capable of short-range transmission (Butterfield et al.; paragraphs [0015] [0044][0066][0067] *see RFID equipped IV bag, a processor and a memory coupled to the processor, the memory containing programming code executed by the processor to: transmit a request for patient ID command to the patient transmitter/receiver chip from the device transmitter/receiver chip (Butterfield et al.; paragraphs [0037] [0046] [0052] [0069] *see interrogation of patient device and optional use of an additional programmer paragraph [0052]), and send any patient ID number received by the medical device to a

Art Unit: 3626

medication management unit (Butterfield; paragraph [0069] *see transmission and matching of patient ID and bag to pump *Examiner considers the IV pump to be a form of “medication management unit); and wherein the patient transmitter/receiver chip transmits the patient ID number to the device transmitter/receiver chip in response to the request for patient ID command when the patient transmitter/receiver chip is within proximity to the medical device sufficient to receive the request for patient ID command (Butterfield et al.; paragraph [0055] [0069]).

Butterfield et al. disclose passive linking between each of the transponder equipped devices and accordingly fail to explicitly recite commands to initiate the connection and transfer of data.

However, it is well known in the art to utilize manual commands to initiate data transfers and wireless connections (DeLaHueraga; paragraphs [0210]-[0213]).

It would have been obvious to one of ordinary skill in the art to have incorporated well known features of patient associated medical device controls, such as command driven functions as presented by DeLaHueraga in to the configuration disclosed by Butterfield et al. with the motivation of providing an accurate simple IV linking and de-linking protocol and simpler interfacing for monitoring and system settings (DeLaHueraga; paragraph [0029]).

Conclusion

Any inquiry concerning this communication or earlier communications from the examiner should be directed to R. DAVID RINES whose telephone number is (571)272-5585. The examiner can normally be reached on 8:30am - 5:00pm Mon-Fri.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Joseph Thomas can be reached on 571-272-6776. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://pair-direct.uspto.gov>. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a USPTO Customer Service Representative or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

/R. DAVID RINES/
Examiner, Art Unit 3626
6/23/08

/C Luke Gilligan/
Supervisory Patent Examiner, Art Unit 3626